

NASA MSFC Confined Space Entry Permit

Permit Number: _____

Location/Description of Space: _____

Organization Performing Entry:	Entry Date:	Entry Time:	Time Permit Expires:
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Purpose of Entry: _____

Primary Entry Supervisor:	Phone Number:
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Entry Attendants: _____

Authorized Entrants	Training Expiration	Time In	Time Out	Authorized Entrants	Training Expiration	Time In	Time Out

ENTRY HAZARDS (Check all that apply)

HAZARDS OF THE SPACE:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Oxygen Deficiency | <input type="checkbox"/> Oxygen Enrichment | <input type="checkbox"/> Flammable Gases / Vapors | <input type="checkbox"/> Airborne Combustible Dust |
| <input type="checkbox"/> Corrosives | <input type="checkbox"/> Noise | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Electrical Shock |
| <input type="checkbox"/> Mechanical Hazards | <input type="checkbox"/> Toxic Gases / Vapors (List): _____ | | |

HAZARDS FROM WORK PROCEDURES:

- ☐ Cleaning
 ☐ Hot Work
 ☐ Painting
 ☐ Scraping / Sandblasting
 ☐ Other: _____

PRE-ENTRY PROCEDURES (CHECK WHEN COMPLETE, ENTER N/R IF NOT REQUIRED):

Isolation: ☐ External Barrier ☐ Lockout / Tagout ☐ Blank / Blind ☐ Purge / Clean ☐ Inert
☐ Other: _____

Ventilation: ☐ Initial (30-minute minimum) Method: _____ ☐ General Ventilation Maintained

ATMOSPHERIC RESULTS

Test	Acceptable Level	Initial Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____
Oxygen Content	19.5% - 23.5%					
LEL	0%					
Toxic Gas (List)	0%					
	0%					
Tester's Initials						
Env. Health Initials						
Ind. Safety Initials						

Atmospheric Testing Equipment:	Brand/Model: _____	NEMS/Serial No.: _____	Calibration Expiration Date: _____
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REQUIRED EQUIPMENT (Check when complete, enter N/R if not required)

- | | |
|---|---|
| <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> Respiratory Protection, type: _____ |
| <input type="checkbox"/> Lifeline | <input type="checkbox"/> Protective Clothing, type: _____ |
| <input type="checkbox"/> Hoisting Equipment | <input type="checkbox"/> Atmospheric Testing Equipment, type: _____ |
| <input type="checkbox"/> Wristlet Harness | <input type="checkbox"/> Communication Equipment, type: _____ |
| <input type="checkbox"/> Temporary Lighting | <input type="checkbox"/> Nonsparking Tools, type: _____ |
| <input type="checkbox"/> Signs / Barriers | <input type="checkbox"/> Other (specify): _____ |

OTHER REQUIREMENTS

Other Permit Required: ☐ Full Body Harness ☐ Hazardous Operation ☐ Other (specify): _____
 Method of Communicating with Entrants: ☐ Visual ☐ Voice ☐ Radio ☐ Other (specify): _____
 Method of Contacting Emergency Services: ☐ Phone (No.): _____ ☐ Radio ☐ Fire Alarm ☐ Fire Dept: 876-5974

APPROVAL / CANCELLATION OF PERMIT

Conditions Approved for Entry, signature of Entry Supervisor: _____	Time: _____
Transfer of Duties, signature of new Entry Supervisor: _____	Time: _____
Transfer of Duties, signature of new Entry Supervisor: _____	Time: _____
Cancellation of Entry Permit, signature of Entry Supervisor: _____	Time: _____
Reason for Cancellation: <input type="checkbox"/> Work Complete <input type="checkbox"/> Other (explain): _____	